

## H.R. 6: SUPPORT for Patients and Communities Act Synopsis for the HCH Community October 2018

This month, Congress and the Administration passed into law new legislation addressing the opioid epidemic. H.R. 6—*The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act*—combined many initiatives into one large package of changes (read [the full bill](#), or a [section by section summary](#)).

The National HCH Council had previously identified five priority areas related to the opioid crisis as part of a [larger action agenda](#), endorsed by over 50 partner organizations, to be engaged on this important topic:

1. **Increase capacity for emergency overdose response**
2. **Increase capacity for harm reduction programs**
3. **Expand access to evidence-based addiction treatment**
4. **Expand workforce opportunities**
5. **Expand funding for housing**

Below are the provisions of H.R. 6 that align with our priorities, referenced by the corresponding section number in the legislation (this summary language is taken from the [section-by-section synopsis](#) prepared by the committee staff).

**Legislative analysis:** *While the provisions of this legislation move in the right direction, many are incremental steps that do not make the substantive changes needed in order to truly address opioid and other substance use disorders. Many items are limited duration demonstrations or pilot programs, reports or studies on specific topics, or expansions of short-term grants. Importantly, “authorizing funding” does not mean that funding will actually be allocated to specific programs or initiatives. However, the Council endorses the expansions to medication-assisted treatment and other treatment programs, the recognition of peer supports as an important component of recovery, and the acknowledgement of housing as part of the broader solution. More substantive investments are still needed beyond H.R. 6 to address the addiction crisis, such as the funding included in the [Comprehensive Addiction Resources Emergency \(CARE\) Act](#), which we hope will get more support in the coming months.*

### Increase capacity for emergency overdose response

- Section 7002. **First responder training.** This provision expands a grant program authorized by the Comprehensive Addiction and Recovery Act, which was designed to allow first responders to administer a drug or device, like naloxone, to treat an opioid overdose, to include training on safety around fentanyl, carfentanil, and other dangerous licit and illicit drugs.

## Increase capacity for harm reduction programs

*We have consistently requested provisions that would expand syringe services programs and establish pilot supervised consumption sites. Unfortunately, no provisions related to these programs were included in the legislation.*

## Expand access to evidence-based addiction treatment

- Section 1003. **Demonstration project to increase substance use provider capacity under the Medicaid program.** This provision requires the Centers for Medicare & Medicaid Services (CMS) to carry out a demonstration project to provide an enhanced federal matching rate for state Medicaid expenditures related to the expansion of substance use disorder treatment and recovery services. The demonstration project would allow for at least ten states to receive planning grants while five states would be selected for the enhanced federal matching rate portion of the project.
- Section 1006. **Medicaid health homes for substance-use-disorder Medicaid enrollees.** This provision extends the enhanced matching rate for qualified activities for Medicaid health homes targeted towards Medicaid beneficiaries with substance use disorders from eight quarters to 10 quarters. This incentive is targeted at new SUD health home activities. It also includes a requirement for state Medicaid programs to provide coverage for medication-assisted treatment.
- Section 2005. **Medicare coverage of certain services furnished by opioid treatment programs.** This provision expands Medicare coverage to include Opioid Treatment Programs (OTPs) for the purposes of delivering Medication-Assisted Treatment (MAT) to expand access to treatment options for Medicare beneficiaries. Currently, OTPs are not recognized as Medicare providers, meaning that beneficiaries receiving MAT at OTPs for their opioid use disorders must pay out-of-pocket. In 13 states, the highest rate of opioid-related inpatient stays is among the over 65 population. Under the provision Medicare will pay the outpatient OTPs through bundled payments made for wholistic services, including necessary medications, counseling, and testing.
- Section 3201. **Allowing for more flexibility with respect to medication-assisted treatment for opioid use disorders.** This provision will increase the number of waived health care providers that can prescribe or dispense medication-assisted treatment (MAT) by authorizing clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists to prescribe MAT for five years. It also makes permanent the prescribing authority for physician assistants and nurse practitioners and allows waived practitioners to immediately treat 100 patients at a time if the practitioner is board certified in addiction medicine or addiction psychiatry; or if the practitioner provides MAT in a qualified practice setting. This provision codifies the ability for qualified physicians to prescribe MAT for up to 275 patients. The Secretary of HHS, in consultation with the Drug Enforcement Administration, will be required to submit a report that assesses the care provided by physicians treating over 100 patients and non-physician practitioners treating over 30 patients.
- Section 3202. **Medication-assisted treatment for recovery from substance use disorder.** This provision ensures physicians who have recently graduated in good standing from an accredited school of allopathic or osteopathic medicine, and who meet the other training requirements to prescribe MAT, to obtain a waiver to prescribe MAT.
- Section 3203. **Grants to enhance access to substance use disorder treatment.** This provision authorizes grants to support the development of curriculum that will help health care practitioners obtain a waiver to prescribe MAT.

- Section 6032. **Action plan on recommendations for changes under Medicare and Medicaid to prevent opioids addictions and enhance access to medication-assisted treatment.** This provision establishes an action plan, including studies, HHS-authored reports to Congress, and meetings with stakeholders, for the purpose of addressing the opioid crisis.
- Section 6042. **Opioid use disorder treatment demonstration program.** This provision creates a demonstration project to increase access to comprehensive, evidence-based outpatient treatment for Medicare beneficiaries with opioid use disorders. The provision would require demonstration participants to provide both medication as well as psychosocial supports, care management, and treatment planning for opioid use disorders for eligible beneficiaries. The model also includes the development of measures to evaluate the quality and outcomes of treatment, and rewards participants for performance on such quality measures.
- Section 5052. **State option to provide Medicaid coverage for certain individuals with substance use disorders who are patients in certain institutions for mental diseases.** These provisions provide state Medicaid programs with the option to cover care in certain Institutions for Mental Diseases (IMD), which may be otherwise non-federally-reimbursable under the IMD exclusion, for Medicaid beneficiaries aged 21 to 64 with a substance use disorder for fiscal years 2019 to 2023. By allowing for payment in IMD's for eligible individuals, state Medicaid programs may receive federal reimbursement for up to 30 total days of care in an IMD during a 12-month period for eligible individuals. In order to qualify for the state option, state Medicaid programs must meet certain requirements including covering certain outpatient and inpatient levels of care, maintaining certain state spending requirements, and abiding by other reporting and notification rules. Nothing in the provision would otherwise prevent a state from conducting or pursuing an approved section 1115 demonstration project to improve access to and quality of substance use disorder treatment for eligible populations.
- Sec. 8081. **Supporting family-focused residential treatment.** This provision would require HHS to develop and issue guidance to states identifying opportunities to support family-focused residential substance abuse treatment programs.
- Sec. 8083. **Building capacity for family-focused residential treatment.** Beginning in FY 2019, states are eligible for federal matching funds for maintenance costs when an at-risk child is placed in family-focused residential treatment, as well when the child is placed in foster care. In FY 2020, states will also be eligible to receive funding to provide evidence-based substance abuse prevention and treatment services to families with children at risk of entering foster care, even if the child is not placed in, or eligible for, federally-funded foster care. This provision authorizes \$20 million in funding for HHS to award to states to develop, enhance, or evaluate family-focused treatment programs to increase the number of evidence-based programs that will later qualify for funding under the Family First Prevention Services Act

## Expand workforce opportunities

- Section 1008. **Peer support enhancement and evaluation review.** This provision directs the GAO to study and submit a report on how Medicaid covers peer support services, including: the types of services provided; payment models; states' experiences providing peer support services; and how states measure the extent to which peer support services improve costs and outcomes for beneficiaries.
- Section 7071. **Loan repayment program for substance use disorder treatment workforce.** This provision requires the Secretary to enter into 6-year loan repayment agreements with substance use disorder treatment professionals in mental health professional shortage areas or counties that have been hardest hit by drug overdoses.

- Section 7151. **Building communities of recovery.** This provision reauthorizes and modifies the Building Communities of Recovery program to include peer support networks. This program provides funding for community organizations providing long-term recovery support services.
- Section 7152. **Peer support technical assistance center.** This provision requires HHS to establish or operate a National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support, to provide technical assistance and support to recovery community organizations and peer support networks providing peer support services related to substance use disorder.

## Expand funding for housing

- Section 1017. **Report on innovative State initiatives and strategies to provide housing related services and supports to individuals struggling with substance use disorders under Medicaid.** This provision directs HHS to issue a report on innovative state initiatives and covered housing-related services that state Medicaid programs may use to provide supports to Medicaid enrollees with substance use disorders who are experiencing homelessness or are at risk of homelessness.
- Section 1018. **Technical assistance and support for innovative State strategies to provide housing-related supports under Medicaid.** This provision directs HHS to provide technical assistance to states to develop and coordinate housing related supports and services under Medicaid, either through state plans or waivers, and care coordination services, for Medicaid enrollees with substance use disorders
- Section 7031. **National recovery housing best practices.** This provision requires HHS to issue best practices for entities operating recovery housing facilities, to assist those recovering from an opioid use disorder with housing. This provision also requires HHS to identify or facilitate the development of common indicators that could be used to identify potentially fraudulent recovery housing operators.
- Section. 8071. **Pilot program to help individuals in recovery from a substance use disorder become stably housed.** Authorizes a pilot program to provide individuals in recovery from a substance use disorder with stable, temporary housing.

## Other notable provisions

- Section 5032. **Promoting State innovations to ease transitions integration to the community for certain individuals.** These provisions require the Secretary of the Department of Health and Human Services (HHS) to convene a stakeholder group to produce a report of best practices for states to consider in health care related transitions for inmates of public institutions.
- Section 6083. **Expanding access under the Medicare program to addiction treatment in Federally qualified health centers and rural health clinics.** This provision provides grants to Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to help offset the cost of training providers to dispense medications for treatment of opioid use disorder.
- Section 7181. **State response to the opioid abuse crisis.** This provision reauthorizes and improves the state targeted response grants from the 21st Century Cures Act to provide funding to Tribes and to improve flexibility for states in using the grants.
- Section 8092. **Reauthorization of the comprehensive opioid abuse grant program.** This provision will amend the Omnibus Crime Control and Safe Streets Act of 1968 to reauthorize the DOJ comprehensive opioid abuse grant program through 2023, and to raise the amount authorized for the program, consistent with appropriated funding levels.